GEORGIA STATE BOARD OF WORKERS' COMPENSATION

REHABILITATION REGISTRATION APPLICATION
Instructions and Information

CERTIFICATION REQUIREMENTS

A *REHABILITATION SUPPLIER* SHALL HOLD ONE OF THE ABOVE CERTIFICATIONS OR LICENSES. Please submit (1) a copy of the certificate, and (2) the notarized application.

CRC – Certified Rehabilitation Counselor
CDMS – Certified Disability Management Specialist
CWAVES – Certified Work Adjustment & Vocational Evaluation Specialist
CRRN – Certified Registered Rehabilitation Nurse Program
LPC – Licensed Professional Counselor
CCM – Certified Case Manager
COHN – Certified Occupational Health Nurse
COHN-S – Certified Occupational Health Nurse - Specialist

A *Resident Rehabilitation Supplier* (an applicant without any of the above certifications) shall **(1)submit documentation showing that they are scheduled to sit for the examination for CRC, CDMS, CWAVES, CRRN, LPC, CCM, COHN, COHN-S, (2) the notarized application and (3) academic transcript(s).** In the event a rehabilitation resident does not become certified or licensed by the appropriate licensing board within a two-year period from the date of initial application, the rehabilitation resident shall be disqualified from providing services to injured employees.

TO ELECTRONICALLY FILE, SEE INSTRUCTIONS AND REQUIREMENTS AT (WEBSITE)

OR:

TO RETURN APPLICATION VIA U.S. MAIL, SEND APPLICATION, CERTIFICATES, and/or TRANSCRIPTS AND a $100.00 CHECK OR MONEY ORDER TO:

YVONNE R. WATKINS
STATE BOARD OF WORKERS' COMPENSATION
MANAGED CARE AND REHABILITATION DIVISION
270 PEACHTREE STREET NW
ATLANTA, GA 30303-1299
404-656-0849

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

REHABILITATION REGISTRATION APPLICATION

PERSONAL DATA

Employee Last Name	Employee First Name	M.I.	Social Security Number

Address	Home Phone	Cell Phone	Fax
	E-mail		

Employer	Employer Address
Employer Phone	

ADDRESS AND PHONE NUMBER TO BE USED FOR BOARD CORRESPONDENCE? ❑ HOME ❑ WORK

Any change in address, phone number or e-mail MUST be reported to Yvonne R. Watkins in the Managed Care and Rehabilitation Division at the State Board of Workers' Compensation. Changes sent to other division will NOT be processed.

GENERAL DATA

DO YOU SPEAK OR WRITE IN A FOREIGN LANGUAGE? ❑ YES ❑ NO

IF YES, STATE LANGUAGE AND NUMBER OF YEARS

ARE YOU ABLE TO COMMUNICATE WITH THE DEAF IN SIGN LANGUAGE? ❑ YES ❑ NO

HAVE YOU BEEN CERTIFIED OR REGISTERED AS A SUPPLIER BEFORE? ❑ YES ❑ NO

IF YES, STATE THE SUPPLIER NUMBER ASSIGNED

WERE YOU REGISTERED IN ANY OTHER NAME? ❑ YES ❑ NO

IF YES, STATE THE NAME(S)

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

EDUCATIONAL DATA				
NAME OF SCHOOL	ADDRESS	DATES ATTENDED (mo/yr) FROM	TO	DEGREE OR HIGHEST GRADE COMPLETED

Name(s) listed on Transcripts:

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

EMPLOYMENT DATA

*****ATTACHING A RESUME IS *NOT* ACCEPTABLE*****

DESCRIBE YOUR WORK HISTORY BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. DESCRIBE IN DETAIL THE SPECIFIC DUTIES AND RESPONSIBILITIES FOR EACH JOB. CASE MANAGERS MUST SHOW AT LEAST ONE YEAR EXPERIENCE IN WORKERS COMPENSATION

EMPLOYER	
ADDRESS	
PHONE	
NAME OF SUPERVISOR	
DATES (FROM AND TO)	
JOB TITLE	
DUTIES	
EMPLOYER	
ADDRESS	
PHONE	
NAME OF SUPERVISOR	
DATES (FROM AND TO)	
JOB TITLE	
DUTIES	
EMPLOYER	
ADDRESS	
PHONE	
NAME OF SUPERVISOR	
DATES (FROM AND TO)	
JOB TITLE	
DUTIES	

HAVE YOU EVER HAD ANY BUSINESS OR PROFESSIONAL LICENSE REVOKED, SUSPENDED, OR ANNULLED OR HAD ANY OTHER DISCIPLINARY ACTION TAKEN AGAINST YOU? ❑ YES ❑ NO

IF YES, EXPLAIN

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

WILL YOUR PRINCIPAL PLACE OF BUSINESS BE WITHIN THE STATE OF GEORGIA?	❑ YES ❑ NO
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR PLED NOLO CONTENDRE IN A CRIMINAL PROCEEDING?	❑ YES ❑ NO
IF YES, EXPLAIN	
I HAVE READ, AND AM AWARE OF, O.C.G.A. 34-9-200.1 AND RULE 200.1. ALL OF THE INFORMATION ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE STATE BOARD OF WORKERS' COMPENSATION TO MAKE ANY INVESTIGATION OF THE FOREGOING INFORMATION. I UNDERSTAND THAT ANY OMISSION OR MISREPRESENTATION MAY RESULT IN REJECTION OR REVOCATION OF REGISTRATION.	

PLEASE ALLOW 15 TO 20 BUSINESS DAYS FOR RECEIPT OF CARD.

SIGNATURE _____ DATE _____

NOTARY _____ EXPIRATION DATE _____

RETURN APPLICATION AND CHECK OR MONEY ORDER (IN THE AMOUNT OF $100.00), ALONG WITH CERTIFICATION(S) TO:

YVONNE R. WATKINS
GEORGIA STATE BOARD OF WORKERS' COMPENSATION
MANAGED CARE AND REHABILITATION DIVISION
270 PEACHTREE STREET NW
ATLANTA, GA 30303-1299

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO $10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).